	•		(Column 1)											
C	2	A4010	OR		(Column 2) NUMBER EXTRA			SMALL ENTITY			. 7	787,26		
ア '	•	BASIC FEE (37 OFR 1.1 TOTAL CLA	6(a))	NUMBER FILED 27 minus 20 =				HATC		OR	SW . O	OTHER THAI SMALL ENTITI		
pi	[(37 OFR L.16 INDEPENDE (37 CFR L.16	6(c))				75	0 E	\$s	OR	RATE	· FR		
	•			3	minus 3 =			- ×	<u>100</u> 2	-	OR	x s 50	5	
		MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) If the difference in column 1 is less than zero, enter "0" in column 2.							180		OR	x s 200	1	
	i	٠.	CLAIMS	AS AMEN	zero, enter -0-	in columi S		-	OTAL	-	OR	+,360		
				/ma ()					,) OR	TOTAL		
٠.		Total Total (31 CFR 1.16 A Independent (31 OFR 1.16	CL REM AF AMEN	AIMS AINING TER : OMENT	HIG NUI PREV PAIC	HEST	(Column. 3) PRESENT EXTRA	R	SMALL ENTITY RATE ADDITIONAL FEE x s 25 =		OR	OTHE SMALL PATE	R THAN ENTITY ADD TIONL	
-	1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ s 18	20.		OR K	50 = 1 5200 360	FØ	
	ENDMENTO		(Column CLAIM REMAIN AFTER AMENDM	ING S	HIGHE NUMB PREVIOU PAID FO	ST ER PR JSLY E	Olumn 31 SESENT XTRA	RATE		DOI.	OR ADI	TAL D'L FEE		
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[") I	If the "Highest Will the "Highest Will the "Highest Will the "Highest Will the "Highest Will"	lumber Previous umber Previous	han the entry sly Paid For I	in column 2, w N THIS SPAC	rrile "0" in col E is less that	lumn J.	OTAL		OR	TOTAL ADO'L FE			

If the entry in column 1 is less than the entry in column 2, write 10 in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is including gathering, preparing, and submitting the completed application for the USPTO. Time will vary depending upon the individual case in and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1.800.P FO.9199 and select option 2.